

1 YOUR NAME
YOUR ADDRESS
2 YOUR TELEPHONE NUMBER

FILED
07 OCT 29 PM 1:22
CLERK U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
DEPUTY

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
(Must start on line 8 or below)

11
12 Francisco Robinson
13 -v-
14 GARY HUBBARD
15 DOUG HARVEY
16 PLAZA HOTEL

'07 2051 LAB (RBB)

COMPLAINT FOR (Brief description of document)

Plaintiff alleges:

Plaintiff alleges: TO WHOM IT MAY CONCERN:
THE MANAGER OF HOTEL PLAZA DOUG HAVEY HAS, OPENED, EIGHT OF MY LETTERS IN TWO DAYS. HE WAS TOLD TO OPEN THESE LETTERS BEFORE GIVING THE LETTER TO ME THE OPENING OF THESE LETTERS IS A LACK OF RESPECT AND A VIOLATION OF MY RIGHTS. I BELIEVE WHAT WAS DONE IS A FELONY AND I HAVE ALREADY HAD 3 CASES IN NOVEMBER IN THE - SAN FRANCISCO AND SAN DIEGO. I BELIEVE THESE JUDGES WERE PAID OFF AND THAT THEY ARE CORRUPT. I WOULD LIKE THIS CASE TO BE TAKEN TO THE SUPREME COURT SO THAT I COULD SUE THOSE

FOR 20 million dollars.
SINCERELY.

SCR...

Faustino Robinson

1 IF YOUR ANSWER IS "YES," YOU MUST ATTACH A COPY OF THE
2 COMMISSION'S INVESTIGATIVE FILE TO THIS REQUEST AND ANSWER QUESTIONS B
3 AND C.

4 B. Do you question the correctness of the Commission's "no reasonable cause"
5 determination?

6 Yes No

7 C. If you answered "yes" to question 3B, what are your reasons for questioning the
8 Commission's determination? Be specific and support your objections with fact. Do not simply
9 repeat the allegations made in your complaint; the court will review your complaint in considering this
10 request for counsel.

11
12 *N/A*
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28 (Attach additional sheets as needed)

1 4. Have you talked with any attorney about handling your claim?

2 Yes No

3 If "YES," give the following information about each attorney with whom you talked:

4 Attorney: _____

5 When: _____

6 Where: _____ *N/A*

7 How (by telephone, in person, etc.): _____

8 Why attorney was not employed to handle your claim: _____

9 _____

10 _____

11 _____

12 Attorney: _____

13 When: _____

14 Where: _____ *N/A*

15 How (by telephone, in person, etc.): _____

16 Why attorney was not employed to handle your claim: _____

17 _____

18 _____

19 _____

20 Attorney: _____

21 When: _____

22 Where: _____ *N/A*

23 How (by telephone, in person, etc.): _____

24 Why attorney was not employed to handle your claim: _____

25 *NO INCOME*

26 _____

27 _____

28 (Attach additional sheets as needed)

1 5. Explain any other efforts you have made to contact an attorney to handle your claim:

2

3

HOME

4

5

6 6. Give any other information which supports your application for the court to appoint an
7 attorney for you: *unemployable*

8

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(Attach additional sheets as needed)

20

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8. I cannot afford to obtain a private attorney. The details of my financial situation are listed
below:

22

A. Employment

23

Are you employed now? yes no am self-employed

24

Name and address of employer:

25

N/A

26

27

28

1 If employed, how much do you earn per month? 710

2 If not employed, give month and year of last employment: 1983

3 How much did you earn per month in your last employment? # 7.00 PES HOUR

4 If married, is your spouse employed? yes N/A no

5 If "YES," how much does your spouse earn per month? 1

6 If you are a minor under age 21, what is your parents' or guardians' approximate monthly
7 income? N/A

B. Assets

(i) Other Income

11 Have you received within the past 12 months any income from a business, profession or other
12 form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity
13 payments or other sources? yes no

14 If "YES," give the amount received and identify the sources:

16 _____
17 _____
18 _____
19 N/A
20 _____
21 _____
22 _____

28 (Attach additional sheets as necessary)

1 (ii) Cash

2 Have you any cash on hand or money in savings or checking accounts? yes no

3 If "YES," state total amount: _____

4 (iii) Property

5 Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property
6 (excluding ordinary household furnishings and clothing)? yes no

7 If "YES," give value and describe it:

8 Value

Description

9 _____
10 _____
11 _____ *N/A*
12 _____
13 _____
14 _____

15 C. Obligations and Debts

16 (i) Dependents *NONE*

17 Your marital state is: single married widowed, separated or divorced

18 Your total number of dependents is: *NONE*

19 List those person you actually support, your relationship to them, and your monthly
20 contribution to their support:

21 Name/Relationship

Monthly Support Payment

22 _____
23 _____
24 _____ *N/A*
25 _____
26 _____
27 _____
28 _____

(ii) Debts and Monthly Bills

List all creditors, including banks, loan companies and charge accounts, etc.

| | | | |
|---|------------------------------|-------------------|------------------------|
| 3 | <u>Creditor</u> | <u>Total Debt</u> | <u>Monthly Payment</u> |
| 4 | Rent: <u>SAN DIEGO REACH</u> | <u>#</u> | <u>475.00</u> |
| 5 | Mortgage | | |
| 6 | on Home: <u>N/A</u> | | |
| 7 | Others: <u>N/A</u> | | |

9. Signature

I declare under penalty of perjury that the above is true and correct.

Dated: 10/28/07

Faustino Robinson

Signature John

(Notarization is not required)

JS44

(Rev. 07/89)

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE SECOND PAGE OF THIS FORM.)

(a) PLAINTIFFS

Faustino Robinson

(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF
(EXCEPT IN U.S. PLAINTIFF CASES)

SAN DIEGO

(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

Faustino Robinson
P.O. Box 120763
SAN DIEGO CA 92112

II. BASIS OF JURISDICTION (PLACE AN X IN ONE BOX ONLY)

U.S. Government Plaintiff 3 Federal Question
(U.S. Government Not a Party)

2 U.S. Government Defendant 4 Diversity (Indicate Citizenship of Parties in Item III)

IV. CAUSE OF ACTION (CITE THE US CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE. DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY).

42 USC 1988

V. NATURE OF SUIT (PLACE AN X IN ONE BOX ONLY)

| CONTRACT | TORTS | FORFEITURE/PENALTY | BANKRUPTCY | OTHER STATUTES |
|---|--|---|--|--|
| <input type="checkbox"/> 110 Insurance | <input type="checkbox"/> PERSONAL INJURY | <input type="checkbox"/> PERSONAL INJURY | <input type="checkbox"/> 422 Appeal 28 USC 158 | <input type="checkbox"/> 400 State Reappointment |
| <input type="checkbox"/> 120 Marine | <input type="checkbox"/> 310 Airplane | <input type="checkbox"/> 362 Personal Injury- Medical Malpractice | <input type="checkbox"/> 423 Withdrawal 28 USC 157 | <input type="checkbox"/> 410 Antitrust |
| <input type="checkbox"/> 130 Miller Act | <input type="checkbox"/> 315 Airplane Product Liability | <input type="checkbox"/> 365 Personal Injury - Product Liability | <input type="checkbox"/> PROPERTY RIGHTS | <input type="checkbox"/> 430 Banks and Banking |
| <input type="checkbox"/> 140 Negotiable Instrument | <input type="checkbox"/> 320 Assault, Libel & Slander | <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability | <input type="checkbox"/> 820 Copyrights | <input type="checkbox"/> 450 Commerce/ICC Rates/etc. |
| <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment | <input type="checkbox"/> 330 Federal Employers' Liability | <input type="checkbox"/> 370 Other Fraud | <input type="checkbox"/> 830 Patent | <input type="checkbox"/> 460 Deportation |
| <input type="checkbox"/> 151 Medicare Act | <input type="checkbox"/> 340 Marine | <input type="checkbox"/> 371 Truth in Lending | <input type="checkbox"/> 840 Trademark | <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations |
| <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) | <input type="checkbox"/> 345 Marine Product Liability | <input type="checkbox"/> 380 Other Personal Property Damage | <input type="checkbox"/> SOCIAL SECURITY | <input type="checkbox"/> 810 Selective Service |
| <input type="checkbox"/> 153 Recovery of Overpayment of Veterans Benefits | <input type="checkbox"/> 350 Motor Vehicle | <input type="checkbox"/> 385 Property Damage Product Liability | <input type="checkbox"/> 861 HIA (1938) | <input type="checkbox"/> 850 Securities/Commodities Exchange |
| <input type="checkbox"/> 160 Stockholders Suits | <input type="checkbox"/> 355 Motor Vehicle Product Liability | <input type="checkbox"/> 510 Motions to Vacate Sentence Habeas Corpus | <input type="checkbox"/> 862 Black Lung (923) | <input type="checkbox"/> 875 Customer Challenge 12 USC |
| <input type="checkbox"/> 190 Other Contract | <input type="checkbox"/> 360 Other Personal Injury | <input type="checkbox"/> 530 General | <input type="checkbox"/> 863 DIWC/DIWW (405(g)) | <input type="checkbox"/> 891 Agricultural Acts |
| <input type="checkbox"/> 193 Contract Product Liability | <input type="checkbox"/> REAL PROPERTY | <input type="checkbox"/> 535 Death Penalty | <input type="checkbox"/> 864 SSID Title XVI | <input type="checkbox"/> 892 Economic Stabilization Act |
| <input type="checkbox"/> 210 Land Condemnation | <input type="checkbox"/> CIVIL RIGHTS | <input type="checkbox"/> 540 Mandamus & Other | <input type="checkbox"/> 865 RSI (405(g)) | <input type="checkbox"/> 893 Environmental Matters |
| <input type="checkbox"/> 220 Foreclosure | <input type="checkbox"/> 441 Voting | <input type="checkbox"/> 550 Civil Rights | <input type="checkbox"/> FEDERAL TAX SUITS | <input type="checkbox"/> 894 Energy Allocation Act |
| <input type="checkbox"/> 230 Rent Lease & Ejectment | <input type="checkbox"/> 442 Employment | <input type="checkbox"/> 555 Prisoner Conditions | <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) | <input type="checkbox"/> 895 Freedom of Information Act |
| <input type="checkbox"/> 240 Tort to Land | <input type="checkbox"/> 443 Housing/Accommodations | <input type="checkbox"/> 570 Fair Labor Standards Act | <input type="checkbox"/> 871 IRS - Third Party 26 USC 7609 | <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice |
| <input type="checkbox"/> 245 Torts Product Liability | <input type="checkbox"/> 444 Welfare | <input type="checkbox"/> 720 Labor/Mgmt. Relations | | <input type="checkbox"/> 950 Constitutionality of State |
| <input type="checkbox"/> 290 All Other Real Property | <input type="checkbox"/> 440 Other Civil Rights | <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act | | <input type="checkbox"/> 890 Other Statutory Actions |
| | | <input type="checkbox"/> 740 Railway Labor Act | | |
| | | <input type="checkbox"/> 790 Other Labor Litigation | | |
| | | <input type="checkbox"/> 791. Empl. Ret Inc. Security Act | | |

VI. ORIGIN (PLACE AN X IN ONE BOX ONLY)

Original Proceeding 2 Removal from State Court 3 Remanded from Appellate Court 4 Reinstated or Reopened 5 Transferred from another district (specify) 6 Multidistrict Litigation 7 Appeal to District Judge from Magistrate Judgment

VII. REQUESTED IN COMPLAINT:

CHECK IF THIS IS A CLASS ACTION
UNDER F.R.C.P. 23

DEMAND \$

Check YES only if demanded in complaint:

JURY DEMAND: YES NO

VIII. RELATED CASE(S) IF ANY (See Instructions):

JUDGE

Docket Number

DATE

SIGNATURE OF ATTORNEY OF RECORD